State Health Plan
Prevention Partners
August 2003
Avenues

New high blood pressure guidelines

The National Heart, Lung and Blood Institute (NHLBI) has released new clinical practice guidelines for the prevention, detection and treatment of high blood pressure. The new guidelines reflect changes in blood pressure ranges and categories, including a new "prehypertension" level that covers about 22 percent of American adults (about 45 million people). Refer to the chart, "Classification of Blood Pressure," below, for the new ranges.

Blood pressure is the force of blood against the walls of arteries. Blood pressure is recorded as two numbers—the *systolic* pressure, as the heart beats, over the *diastolic* pressure, as the heart relaxes between beats. The measurement is written one above or before the other, with the systolic number on top and the diastolic number on the bottom. For example, a blood pressure measurement of 120/80 mmHg (millimeters of mercury) is expressed verbally as "120 over 80." Normal blood pressure is less than 120 mmHg systolic and less than 80 mmHg diastolic. When blood pressure stays elevated over time, it is called *high blood pressure*, or *hypertension*. It affects about 50 million Americans (about 25 percent of adults). High blood pressure is dangerous because it makes the heart work too hard and contributes to hardening of the arteries. It increases the risk of heart disease and stroke, which are the first and third leading causes of death among Americans. High blood pressure can also result in other conditions, such as congestive heart failure, kidney disease and blindness.

Much more has been learned about the risk of high blood pressure in recent years; the risk of Americans developing hypertension is much greater than previously thought. For instance, those at age 55, who do not have hypertension, still have a 90 percent risk of going on to develop the condition. Studies also show that the risk of death from heart disease and stroke begins to rise at blood pressures as low as 115 over 75, and the risk doubles for each 20 over 10 mmHg increase. Thus, the harm starts long before people seek treatment. The new prehypertension category reflects this risk and should alert people to take preventive action earlier.

The new guidelines identify factors that often lead to inadequate blood pressure control, such as insufficient medication, and emphasize that most patients will need more than one drug to control their hypertension. The guidelines also recommend Americans follow the *Dietary Approaches to Stop Hypertension* (DASH), a diet plan rich in vegetables, fruit and nonfat dairy products. Clinical studies have shown DASH reduces blood pressure significantly, often as much as with blood pressure medication.

NHLBI has updated its online Web page, "Your Guide to Lowering High Blood Pressure," dedicated to raising awareness about the dangers of high blood pressure. You may access it at www.nhlbi.nih.gov/hbp.

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CLASSIFICATION OF BLOOD PRESSURE (BP)*

Category	SBP mmHg		DBP mmHg
Normal	<120	and	<80
Prehypertension	120–139	or	80–89
Hypertension, Stage 1	140–159	or	90–99
Hypertension, Stage 2	≥160	or	≥100

Key: SBP = systolic blood pressure DBP = diastolic blood pressure

**If systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. For example, 160/80 mmHg would be classified as Hypertension, Stage 2.*

Fruits and Vegetables: Men Should Aim for Nine A Day

Men need to eat more fruits and vegetables. Fruits and vegetables provide vitamins, minerals and fiber that your body needs. They're also packed with hundreds of disease-fighting phytochemicals—natural substances that work as a team to protect good health. Only fruits and vegetables, not pills or supplements, can provide all of these nutrients together.

While the exact mechanisms of specific phytochemicals are being studied, one thing is clear—the different colors of fruits and vegetables (green, yellow-orange, red, blue-purple and white) all contain a unique array of disease-fighting phytochemicals that work together with vitamins and minerals to protect our health. Here are just a few examples of the phytochemicals found in various fruits and vegetables:

- **Carotenoids** from red and yellow-orange fruits and vegetables (such as tomatoes, sweet potatoes, carrots);
- **Lycopene** in tomato-based foods (such as tomato sauce, tomato paste);
- **Lutein** and **zeaxanthin** in leafy greens (such as spinach, romaine lettuce);
- **Flavanoids** in brightly colored fruits and vegetables (such as blueberries, cherries, strawberries).

Fruits and vegetables play a very important role in fighting and preventing diseases and chronic health conditions. Heart disease, high blood pressure, stroke, cancer and diabetes account for about three-fourths of all deaths in the U.S. A diet rich in fruits and vegetables and low in fat is associated with reduced risk for these diseases. For example, people whose diets are rich in fruits and vegetables have a lower risk of getting many cancers. Moreover, a recent study, entitled, *Dietary Approaches to Stop Hypertension*, found that when people with high blood pressure ate 8-10 servings of fruits and vegetables a day, they lowered their blood pressure within a month. In fact, an increase of fruits and vegetables has proven successful in decreasing a person risk of developing heart disease and diabetes.

Men can increase their intake by adding more fruits and vegetables to their daily diet or substituting fruits and vegetables in place of meat or high-fat foods. For those who do not eat a lot of fruits and vegetables, it may be difficult at first,

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Fruit and Vegetable Consumption in African Americans and Caucasians

Data show that Black men ages 35 to 50 eat only 3.5 servings of fruits and vegetables a day—approximately one-third of the nine servings recommended for men. According to the most recent estimates, Blacks consume fewer servings of fruits and vegetables a day than any other racial or ethnic group.

Race	Never or < 1 a day	1 to <3 a day	3 to <5 a day	5+ a day
South Carolina Black	6.2%	37.6%	32.1%	24.2%
South Carolina White	4.1%	34.2%	37.3%	24.4%
National Black	4.4%	37.5%	34.8%	21.3%
National White	3.4%	33.4%	40.0%	23.4%

Source: Behavioral Risk Factor Surveillance System 2000

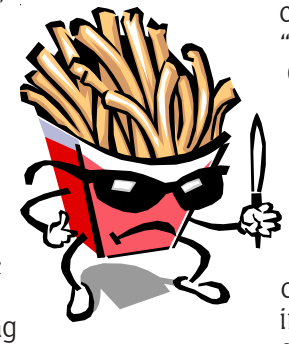
The Facts: Fruit and Vegetable Consumption in Men:

- Men, on average, eat only $^1/_3$ of the recommended nine servings a day (Nine A Day).
- Only four percent of men say they are eating their Nine A Day.
- Men are significantly less likely than women to recognize the health benefits of fruits and vegetables, such as reducing the risk of many cancers, heart disease, high blood pressure and diabetes.
- Men have approximately 1½ times the death rate of total cardiovascular diseases as women.
- Men have approximately 1½ times the death rate of total cancers as women.
- Men have approximately 2 times the death rate of lung cancer as women.
- Men have approximately 1½ times the death rate of colorectal cancer as women.
- More than $^2/_3$ of men are overweight or obese.

The Hidden Health Costs of Meal "Deals"

A lot of food for just a little more money—that's the "deal" that American eateries and food retailers are offering. But overweight, obesity and chronic disease are the real price we pay for these food bargains.

Just before lunch, Katie Weigle went into a fast food restaurant in Washington, D.C., and ordered a cheeseburger. "For just $1.40 more, you can get a meal package—cheeseburger, fries and a Coke," the server said. "Sounds too good to be true," Katie replied. The server responded, "As a matter of fact, for just 58 cents more, you can supersize that meal." So, Katie walked out the door with a bag containing a four-ounce hamburger, a large order of fries and a large Coke. It was a bargain. The trouble was, her lunch now contained 1,380 calories—about 700 more calories than a woman her size requires at lunch.



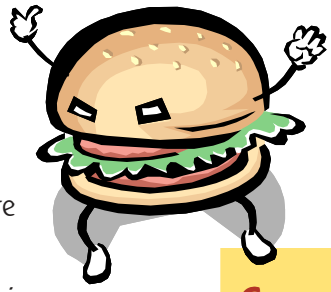
That's how "value marketing" works. Restaurants and food retailers offer you a lot more food for just a little more money. Since food, as opposed to labor, rent or utilities, is their smallest cost, they make money on such deals. Customers are happy, too; they pay a little less per unit and get an enormous portion of food.

Everything would be hunky-dory, if we didn't eat all those extra calories. However, seventy percent of respondents to a recent American Institute for Cancer Research (AICR) survey said they eat everything they are served in a restaurant all or most of the time. So, a decade or two of "value marketing" may help explain why 64 percent of Americans are now overweight or obese.

Survey Counts the Health Cost

But, Katie didn't eat that 1,380-calorie lunch. She brought it back to AICR along with her sales slip. Her purchase was part of a study conducted by health organizations nationwide. They were attempting to quantify just how much damage "value marketing" does. Following are some of their results.

- At Cinnabon, when one Minibon (300 calories) was ordered, the clerk said, "It's only 48 cents more for a classic Cinnabon (670 calories)." So researchers paid 24 percent more for 123 percent more calories.
- At 7-Eleven, researchers asked for a "Gulp" of Coke (150 calories) and left the store with a "Double Gulp" (600 calories) for only 37 cents more. That's a 42 percent increase in price for 400 percent more calories.
- At movie theaters, researchers asked for a medium popcorn without butter (900 calories) and were told they could get a large (1,160 calories) for only 60 cents more. That's 23 percent more money for 260 more calories.
- Researchers found a big "deal" at McDonald's. There they paid 8 cents less to buy the large value meal (Quarter Pounder with cheese, large fries and large Coke at 1,380 calories) than to buy the Quarter Pounder, small fries and small Coke (890 calories). They spent 8 cents less to purchase 490 more calories.



The list goes on, but the pattern is the same: customers are manipulated into paying a little bit more for many more calories than they can afford to eat.

How to Fight Back

Say "small," say "half" and share. When ordering, always insist on the smallest size. At times that is difficult. "Small" has grown so large in our eateries that it often has names like "tall" or "supreme." Just say, "Which is the smallest size? That's the one I want."

At table service restaurants, order the half size, if it's available. If not, cut the meal in two and tell the server to put half in a doggie bag. If you can set half aside before it is served, you'll be spared any temptation.

When all other strategies fail, order one meal and share it. Even if the restaurant makes you pay for the extra set up, you'll save money and leave feeling comfortably full. In an age when candy bars are 3.7 ounces instead of 2, bagels are 4.5 ounces instead 1.5 and sodas are 62 ounces instead of 8, the best way to ensure your health may be to share every food item you buy with a friend or loved one.

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Cancer and Obesity

Research links being overweight with increased risk of cancer. Overweight and inactivity account for one-quarter to one-third of all breast, colon, endometrial, kidney and esophageal cancers. If you are concerned about your weight, first try eating a little less and exercising a little more. For guidance in reducing your portion size, call 1-800-843-8114, and ask for a free copy of the *New American Plate* brochure.

Antibiotic Resistance:
A Growing Threat to Public Health

Antibiotics, also known as *antimicrobial* drugs, are drugs that fight infections caused by bacteria. After their discovery in the 1940s, they transformed medical care and reduced dramatically illness and death from infectious diseases. However, over the decades, the bacteria that antibiotics control have developed resistance to these drugs. Today, virtually all important bacterial infections in the U.S. and throughout the world are becoming resistant. Antibiotic resistance can cause significant danger and suffering for children and adults who have common infections, once easily treatable with antibiotics.

Antibiotic use promotes development of antibiotic-resistant bacteria. Antibiotic resistance occurs when bacteria change in a way that reduces or eliminates the effectiveness of drugs, chemicals or other agents designed to cure or prevent infections. The bacteria survive and continue to multiply, causing more harm. While antibiotics should be used to treat bacterial infections, they are not effective against viral infections like the common cold, most sore throats and the flu.

Each year, nearly two million patients in the U.S. get an infection as a result of receiving health care in a hospital. Hospital-acquired infections are often difficult to treat because the bacteria and other microorganisms that cause them are frequently resistant to antimicrobial drugs. Bacteria, fungi and even viruses can become resistant to drugs. However, bacteria cause most of the drug-resistance problems in hospitals. Bacteria can become resistant to antibiotics in a variety of ways. And once a particular type of bacteria has developed resistance to a drug, it can pass on this resistance to other types of bacteria. Overall, 70 percent of the bacteria causing such infections are resistant to at least one of the drugs most commonly used to treat these infections. In some cases, these organisms are resistant to all approved antibiotics and must be treated with experimental and potentially very toxic drugs.

Smart use of antibiotics is the key to controlling the spread of resistance. Although they are very useful for bacterial infections, antibiotics are not useful for viral infections such as a cold, cough or flu. Work with your doctor and pharmacist to use antibiotics only when they are needed. Never insist on antibiotics for viral illnesses; antibiotics can only treat bacterial infections. Antibiotic resistance is a new threat to your health.

How can you prevent antibiotic-resistant infections?

- ✔ Talk with your health care provider about antibiotic resistance.
- ✔ Ask whether an antibiotic is likely to be beneficial for your illness.
- ✔ Ask what else you can do to feel better sooner.
- ✔ Do not take an antibiotic for a viral infection like a cold or the flu.
- ✔ Do not save some of your antibiotic for the next time you get sick.
- ✔ Take an antibiotic exactly as the doctor tells you.
- ✔ Do not take an antibiotic that is prescribed for someone else.

Nine A Day

Continued from page 2

but when you make a conscious effort to include fruits and vegetables in your diet, it becomes easier over time. Increasing your fruit and vegetable intake and decreasing high-fat foods can be a tremendous boost in weight management. Eating more fruits and vegetables and fewer high-calorie foods is associated with reduced calorie intake without increased hunger. People feel full on fewer calories when they substitute greater portions of other foods with fruits and vegetables.

Prevention Partners encourages you to take the challenge of increasing your fruit and vegetable intake. It can have a positive impact on your health that will stay with you into the future! Visit http://5aday.gov/9aday/index.html for more information about the importance of men eating at least nine servings of fruits and vegetables a day.

Source: National Cancer Institute: Men Shooting for Nine A Day

Avenues is produced by the South Carolina Budget and Control Board Employee Insurance Program

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